

# APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever filed an application with us before? .....  Yes       No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes       No

    If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes       No

Are you currently employed? .....  Yes       No

May we contact your present employer? .....  Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment. ....*       Yes       No

Date available for work \_\_\_/\_\_\_/\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time      (please indicate 1 2 3 shift)  
     Part-Time      (please indicate Mornings Afternoon Evenings)  
     Temporary      (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes       No

Can you travel if a job requires it? .....  Yes       No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## **SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  YES  NO

## **REFERENCES**

1. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Conditions & Requirements for  
Usage of Company Vehicles**

**SURE-FIRE, INC.**

1. **Operation of Company Vehicles is limited to Business Use Only. Company Vehicles are to be driven by Company Employees only. Family members, friends, etc. are strictly prohibited from operating Company Vehicles at ANY time.**
  
2. **Any operation of a Company Vehicle while under the influence of illegal drugs or alcohol is strictly prohibited.**

Furthermore, the Department of Transportation in every state publishes a set of regulations pertaining to the traffic rules and laws. It is expected that every Company Employee know and abide by these rules. If you are not aware of the laws, we will be happy to help you obtain the book that explains these laws.

Violation of any of the above terms may result in termination of the employee.

I, the Undersigned, have read these terms and agree that I will comply with all of the above conditions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print employee name

\_\_\_\_\_  
Witness Signature

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize release of state motor vehicle records to **Sure-Fire, Inc.** for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. **Sure-Fire, Inc.** is released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), the following conditions are met:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

This report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

NAME OF APPLICANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_



## INVITATION FOR DISCLOSURE OF SEX AND MINORITY INFORMATION

Sure-Fire, Inc. invites applicants to provide it with information pertaining to their sex and minority status. This information is solely for the company's use in complying with its obligations under federal equal employment opportunity and affirmative action law.

This information is provided on a **voluntary** basis. This means that **you are under no obligation** to provide this information. If you choose to provide this information, it will be kept confidential and will not be part of your application or personnel file. Your disclosure or refusal to provide the information will **not subject you to any adverse treatment**, and the information will be used only in accordance with federal law pertaining to equal employment opportunity and affirmative action.

Should you elect to provide this information, please place a check mark next to the categories that apply to you:

- Male
- Female
- Hispanic/Latino
- White
- Black
- Native Hawaiian/Pacific Islander
- Asian
- American Indian/Alaskan Native
- Two or more races

Name: \_\_\_\_\_

Date: \_\_\_\_\_